3N 7540-00-634-4176 600-

| HEALTH RECORD    |  | CHRONOLOGICAL RECORD OF MEDICAL CARE |                                 |                          |                       |                                   |                |               |  |
|------------------|--|--------------------------------------|---------------------------------|--------------------------|-----------------------|-----------------------------------|----------------|---------------|--|
| DATE             | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)                        |                                      |                                 |                          |                       |                                   |                |               |  |
|                  | Family I   | Practice Clinic                      | 2                               | 31 N                     | ЮG                    | Avia                              | no AB, Italy   |               |  |
| Date             |  |                                      |                                 |                          |                       |                                   |                |               |  |
| Time             | - C.   | **/a famala > 1                      | 2VO a/a al-marmo                | a a 1 X7 A <i>(</i>      | TINIAI D              | ICCIIADCI                         | T for days     |               |  |
| HCP<br>T         | S:   | y/o iemaie <b>&gt;1</b>              | <b>3YO</b> c/o abnorm           | nai VAC                  | JINAL D               | ISCHARGE                          | E for days     | 5.            |  |
| Tob Y/N          | _  |                                      |                                 |                          |                       |                                   |                |               |  |
| ppdyrs           |  |                                      |                                 |                          |                       |                                   |                |               |  |
| PRP Y/N          | Y/N  | Pregnant.                            | LMP                             |                          |                       |                                   |                |               |  |
| All              | Y/N Abdominal discomfort   |                                      |                                 |                          |                       |                                   |                |               |  |
|                  | Y/N Possibility of sexually transmitted diseases   |                                      |                                 |                          |                       |                                   |                |               |  |
| Meds             | <u>Y/N</u>   |                                      | ere be a foreign object present |                          |                       |                                   |                |               |  |
|                  | Y/N Is the discharge thick, white, and itchy Y/N Is the discharge discolored and foul smelling |                                      |                                 |                          |                       |                                   |                |               |  |
|                  | <u> </u>   | is the disc.                         | narge discolored                | ana 10t                  | <del>u smenin</del> į | 5                                 |                |               |  |
|                  |  |                                      |                                 |                          |                       |                                   |                |               |  |
|                  | — <b>O:</b> Ger  | neral                                |                                 |                          |                       |                                   |                |               |  |
|                  | Vulva:   | Normal                               | ,                               | Eden                     |                       | Atrophic                          | Excoriated     |               |  |
|                  | BUS:   |                                      | thout discharge                 |                          |                       | Discharge                         | Bartholin C    | Cyst          |  |
|                  | Vagina   |                                      | Rugated                         | Atrop                    |                       | Discharge                         |                |               |  |
|                  | Uterus:  | Normal NSSC                          | Friable Nontender               | <del>Disel</del><br>Mobi | _                     | <del>Cervicai moi</del><br>Tender | tion tendernes | SS            |  |
|                  |  | : Normal                             | Absent                          | Tend                     |                       | Masses                            | Thickened      |               |  |
|                  | Tuncka   | . 1401mai                            | Hosent                          | Tena                     | <i>D</i> 1            | 1VIGSSCS                          | Timekened      |               |  |
|                  | Lab: k   | COH: fun                             | gal elements                    | whiff t                  | est                   |                                   |                |               |  |
|                  | T T  | Vet Prep: pH                         | C1                              | ue cells                 | trichom               | onas Bacte                        | eria WBC       |               |  |
|                  |  | -                                    |                                 |                          | m : 1                 |                                   |                |               |  |
|                  | A:   | Bacterial V                          | <del>aginosis N</del>           | loniliasi                | s Trick               | iomoniasis                        | other          |               |  |
|                  |  |                                      |                                 |                          |                       |                                   |                |               |  |
|                  | P: 1) C  | hlamvdia G                           | C RPR HIV                       | / Hep                    | В                     |                                   |                |               |  |
|                  | 1 1 1 1  | <u> </u>                             |                                 |                          |                       |                                   |                |               |  |
|                  | 2) W   | <del>ritten instructi</del>          | ions given and d                | <del>iscussec</del>      | with pati             | ent                               |                |               |  |
|                  |  |                                      |                                 |                          |                       |                                   |                |               |  |
|                  |  |                                      |                                 |                          |                       |                                   |                |               |  |
|                  |  |                                      |                                 |                          |                       |                                   |                |               |  |
|                  |  |                                      |                                 |                          |                       |                                   |                |               |  |
|                  | P:   |                                      |                                 |                          |                       |                                   |                |               |  |
| ATIENT'S IDENTIF |  | his anges for Moch                   | onical                          |                          |                       |                                   |                |               |  |
| nprint)          | TCATION (USE I   | riis space for Mecri                 | Anical RECORD MAINTAINE         |                          |                       |                                   |                |               |  |
|                  |  |                                      | PATIENT'S NA                    | AME (Last, F             | irst, Middle Init     | ial)                              |                | SEX           |  |
|                  |  |                                      | RELATIONSH                      | IP TO SPOR               | ISOR                  | STATU                             | IS.            | RANK/GRADE    |  |
|                  |  |                                      | KLLATIONSH                      | 10 0501                  |                       | SIAIU                             |                | TO INIVOINADE |  |
|                  |  |                                      | SPONSOR'S                       | NAME                     |                       | <u> </u>                          | ORGANIZA       | ATION         |  |
|                  |  |                                      | DEPART./SEF                     | RVICE                    | SSN/IDENTIF           | ICATION NO                        |                | DATE OF BIRTH |  |
|                  |  |                                      | DLI AINI./SEI                   | WIOL                     | JOI WIDENTIF          | ISTATION INC.                     |                | DATE OF BIRTE |  |

| DITTE | OTMITTOMO, DINGNOOD, TREATMENT, TREATMO ORGANIZATION (DIGIT COURT CHARY) |
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